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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Mucarel-Powell, Debbie, , , (b) Address (number and street)	Charlett address about ad				O Condidatela FFO Identification Number		
	PO Box 566442	☐ Check if address changed				Candidate's FEC Identification Number H8FL26039		
	(c) City, State, and ZIP Code					3. Is This		
	Miami		Fl	_ 332		Statement (N) OR (A)	
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug House	ht		6. State & Distr	rict of Candidate 26		
_	DEMOCRATIC PARTI	riouse			1 -	20		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Debbie for Congress								
_	(b) Address (number and street) PO Box 566442							
	(c) City, State, and ZIP Code							
	Miami				FL	33256		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES								
(Including Joint Fundraising Representatives)								
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.								
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
(b) Address (number and street)								
(2) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3								
(a) City State and ZID Code								
(c) City, State, and ZIP Code								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
Signature of Candidate Date								
M	ucarel-Powell, Debbie, , ,	[Electronically Filed]				08/01/2017		
				[230	m omeanly I near			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)